

Name
in
Full

Harriett Ann. Bevans.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

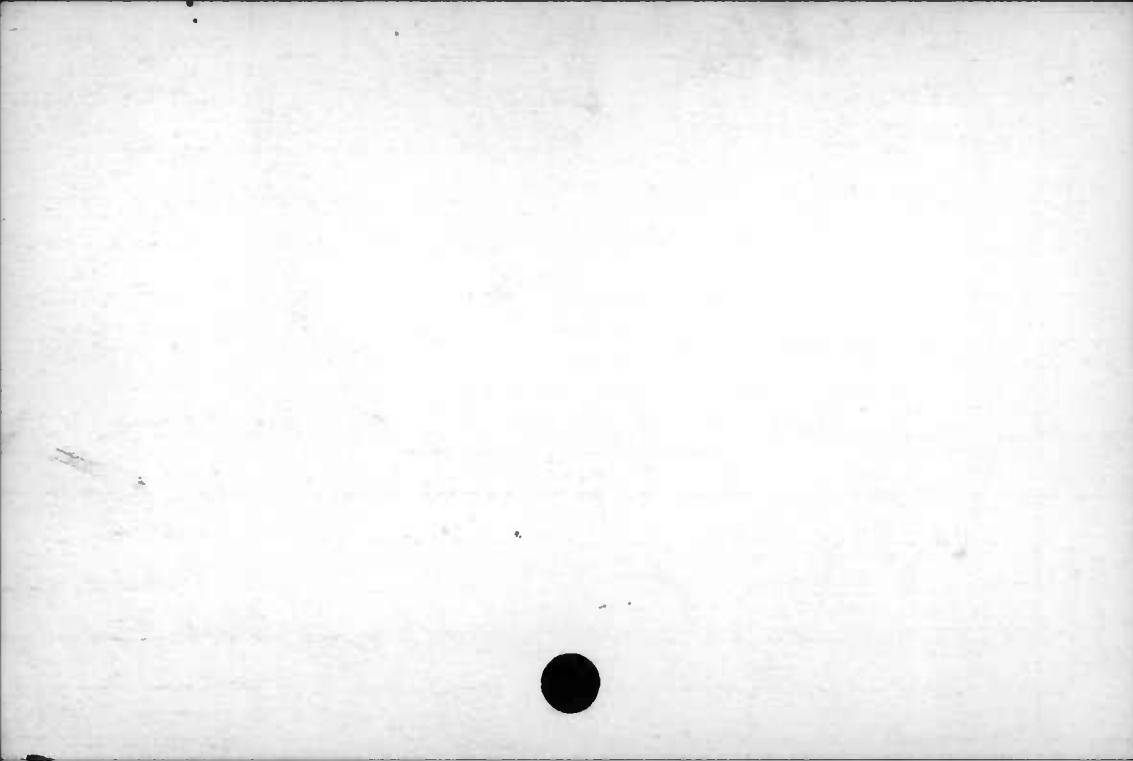
MARYLAND

Died at		Town <i>Snow Hill</i>		County <i>Worcester</i>			
Date of death		Month <i>Feb</i>	Day <i>15</i>	Years <i>70</i>	Months <i>—</i>		Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>				
Occupation <i>house wife</i>			Where Residing if not at place of death <i>Snow Hill</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elijah. Bevans.</i>					
Father's Name <i>Will Sturgis</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Peggie Sturgis</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Samuel Williams</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>12 months</i>
Immediate	<i>Heart failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>John S. Delo</i>
<i>Worcester</i>		Address <i>Snow Hill</i>
Accident or Suicide? <i>County</i>		<i>Maryland</i>



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

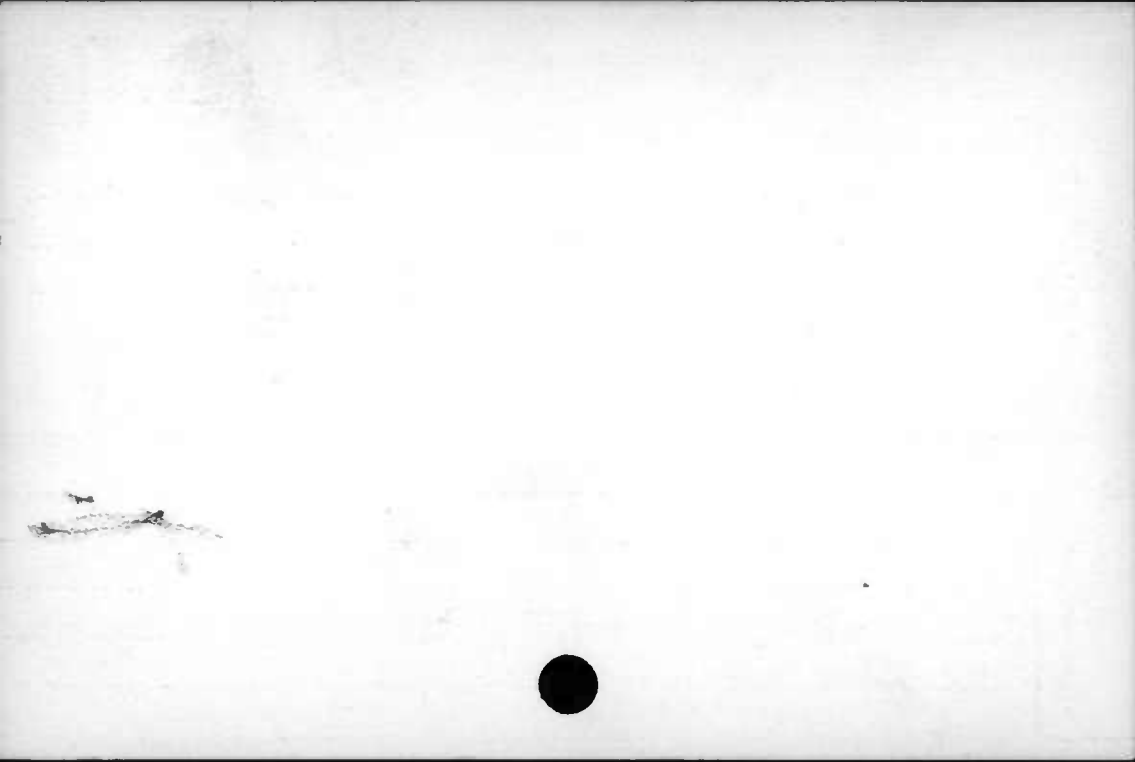
CERTIFICATE OF DEATH

MARYLAND

Name in Full Marthy Brittingham		Town harp Berlin		County winchester			
Died at							
Date of death		Month		Day		Years	
1905		7		31		30	
Sex		Color or Race		Months		Days	
Female		Black		—		—	
Birth-place		Occupation		Where Residing if not at place of death			
Maryland		Thorn Rupper					
Married, Single or Widowed		Name of Wife or Husband					
—		George Brittingham					
Father's Name		Father's Birthplace					
Thomas Parnell		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Thermy Pitts		Maryland					
Name of person giving information		How related to deceased					
Thomas Parnell		Father					

CAUSES OF DEATH

Primary	Scrofula	How long	30 years
Immediate	Consumption	How long	6 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Ebe Hollan &	
		Address	
		Berlin	
Accident or Suicide?		ind	



Name
is
Full

TO BE ANSWERED BY
NEAREST FRIEND

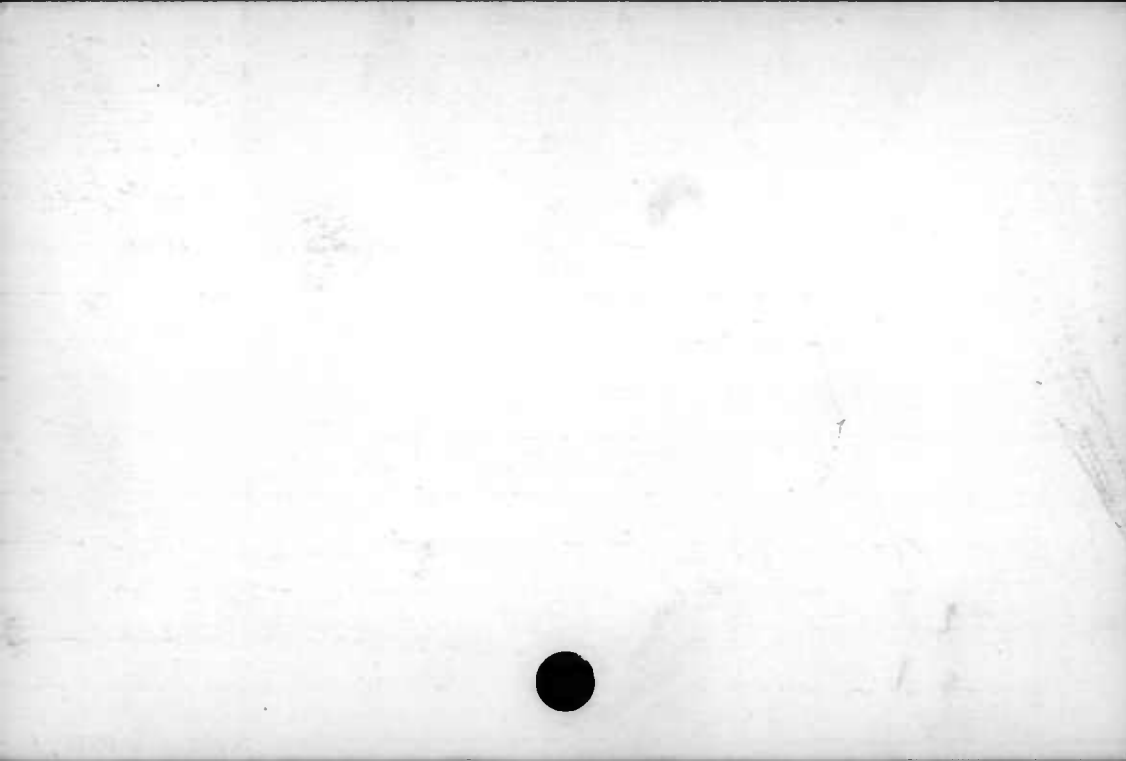
CERTIFICATE OF DEATH

Died at <i>Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Feb.</i>		Day <i>26</i>		Age	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Occupation	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>E. M. Chapman</i>		Where Residing if not at place of death <i>Snow Hill Ind</i>			
Father's Name <i>John Ritchie</i>		Father's Birthplace		Mother's Birthplace		How related to deceased <i>husband</i>	
Mother's Maiden Name		Name of person giving information <i>E. M. Chapman</i>					

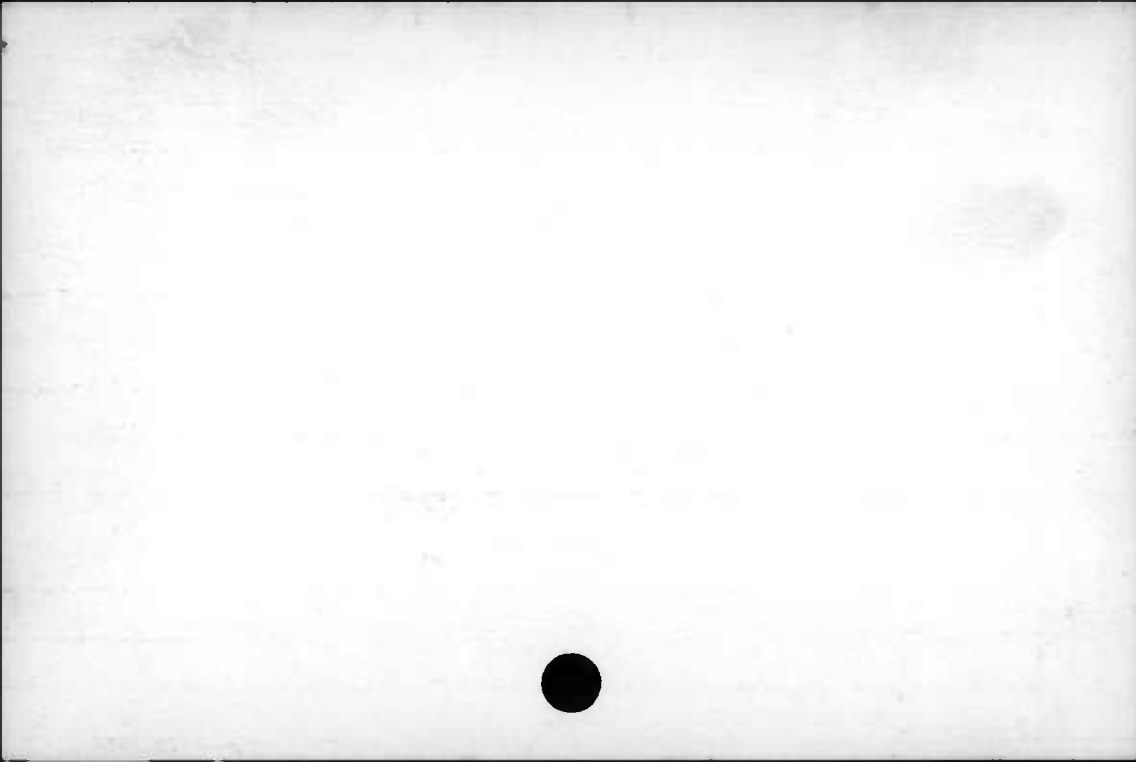
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Consumption</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. T. Hearne</i>
	Address <i>Snow Hill Ind</i>
Accident or Suicide?	



Name in Full Annie B. Barry		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Snow Hill <small>Town</small>		Worcester <small>County</small>
	Date of death 1905 <small>Year</small> Feb. <small>Month</small> 17 <small>Day</small>		5 <small>Years</small> — <small>Months</small> 5 <small>Days</small>
	Sex female	Color or Race white	Birthplace Ind.
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name M W Barry	Father's Birthplace Ind	
	Mother's Maiden Name Ida B Twigg	Mother's Birthplace Ind.	
Name of person giving information M W Barry	How related to deceased Father		
CAUSES OF DISEASE			
PHYSICIAN OR CORONER	Primary	How long	
	Immediate bronch	How long 19	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician W.F. Hearn	
		Address Snow Hill	
	Accident or Suicide?		



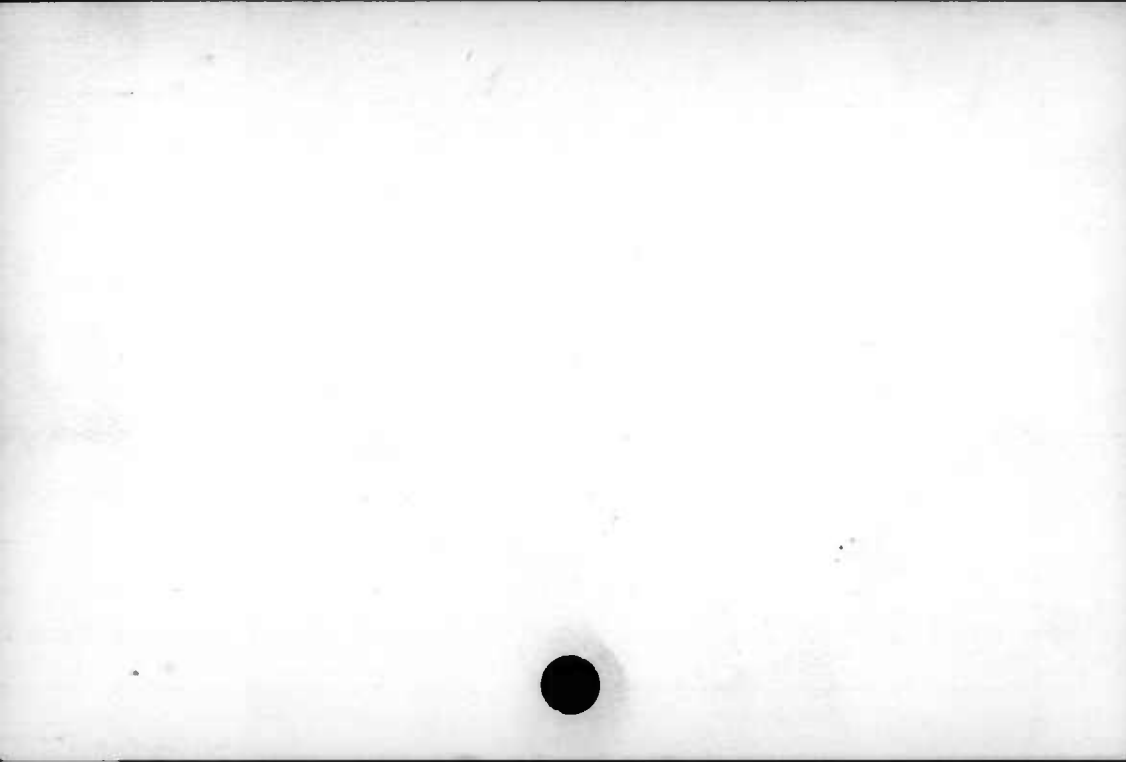
Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
near Berlin		Worchester					
Date of death	1901	Month	2	Day	9	Years	Months
				Age		2	
Sex	Color or Race		Blk		Birth-place		Sud
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry Board		Father's Birthplace		Sud		
Mother's Maiden Name	Lizzie		Mother's Birthplace		Sud		
Name of person giving information	William Forrell		How related to deceased		none		

CAUSES OF DEATH

Primary	Doubt-known	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
	Had none		
Accident or Suicide?			



Name
in
Full

Marcee Z Fisher

CERTIFICATE OF DEATH

Died at ^{Town} Stockton^{County} Morceslar

MARYLAND

Date of death 1901 ^{Month} 2^{Day} 11^{Years} 1 ^{Age}^{Months} 6^{Days} -Sex FemaleColor or Race BlackBirth-place md

Occupation

Where Residing if not at place of death md~~Married, Single or Widowed~~Name of Wife or Husband -Father's Name Edward FisherFather's Birthplace mdMother's Maiden Name Laura ManuelMother's Birthplace mdName of person giving Information Geo H Rowley & BroHow related to deceased undertakers

CAUSES OF DEATH

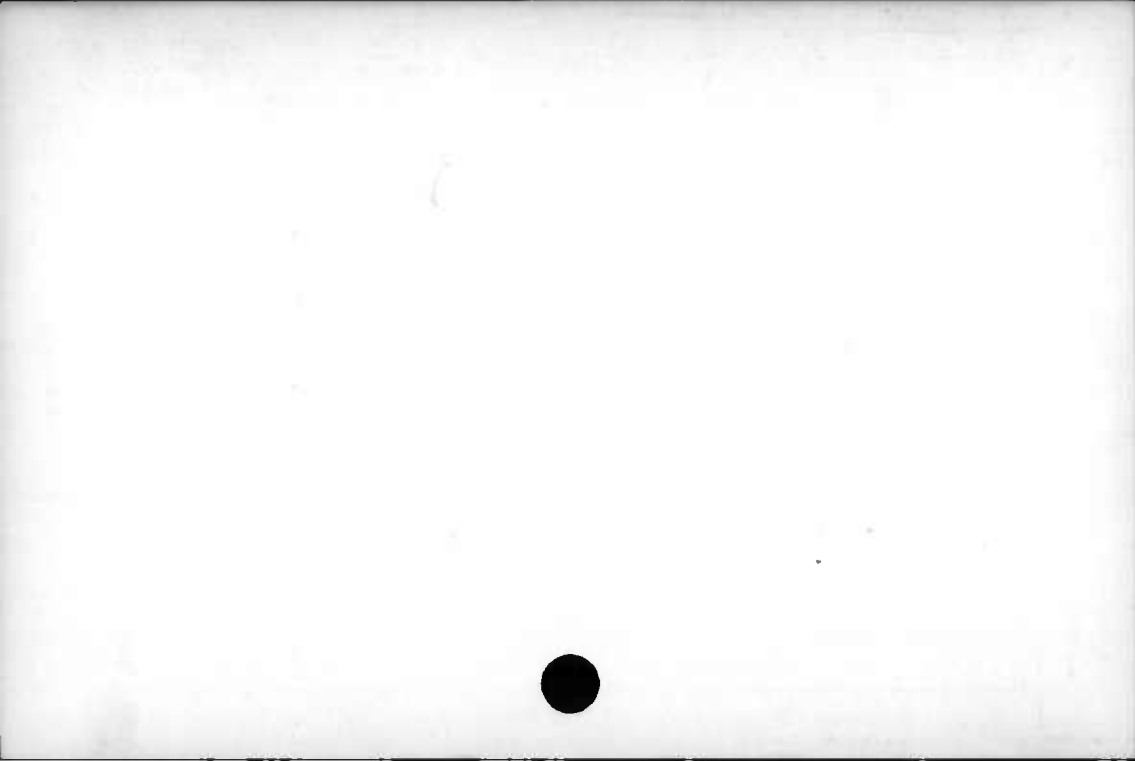
Primary Heart failureHow long 4 daysImmediate Heart failureHow long -

Are the name, age, sex, color, date and place correctly given above?

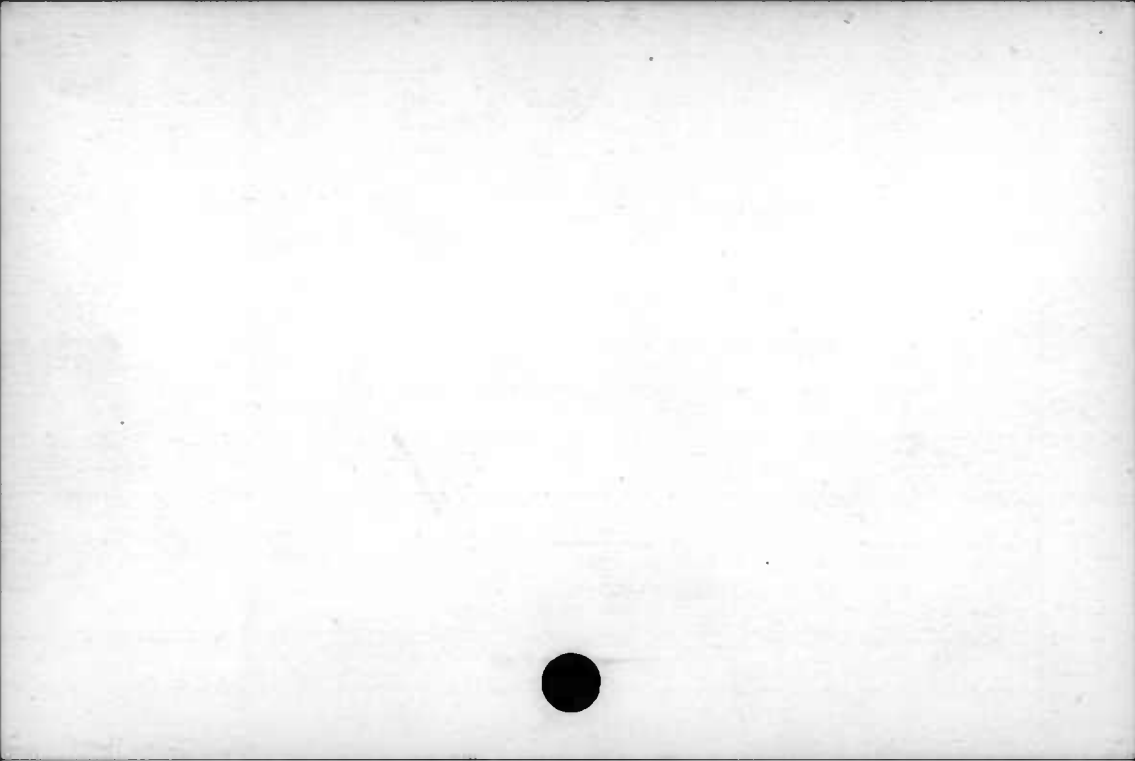
Signature of Physician Geo H. Rowley & Bro.Address Stockton Md

Accident or Suicide?

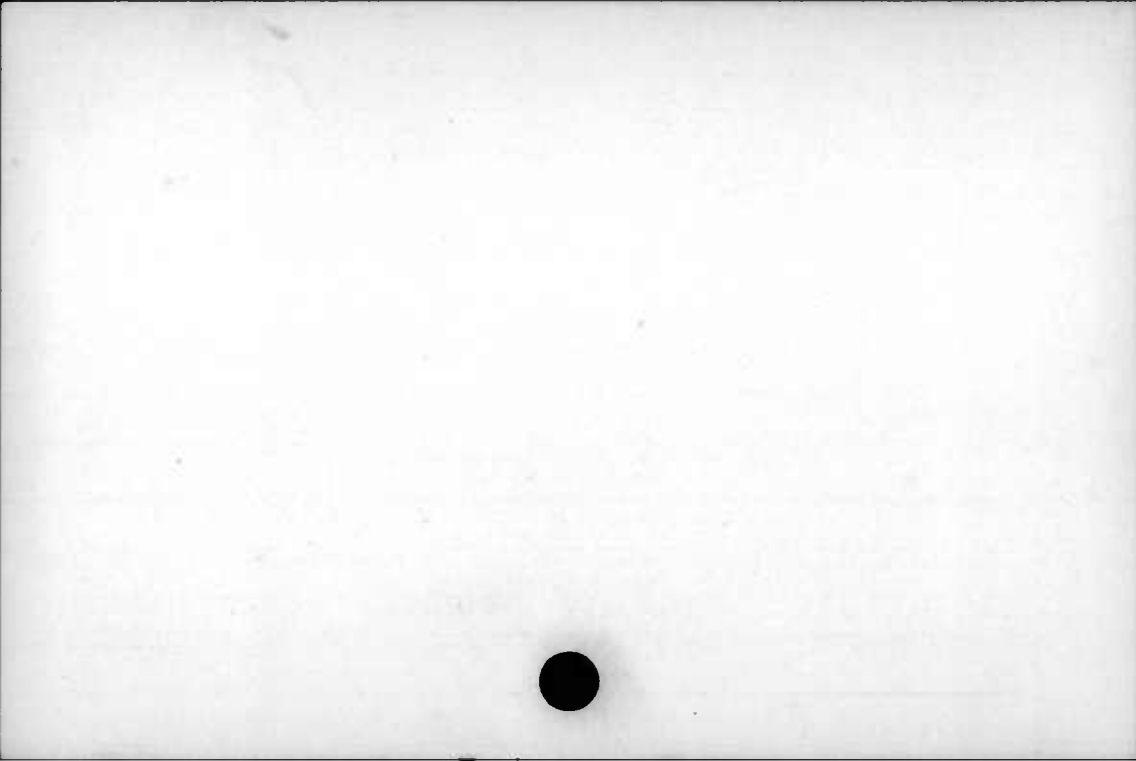
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



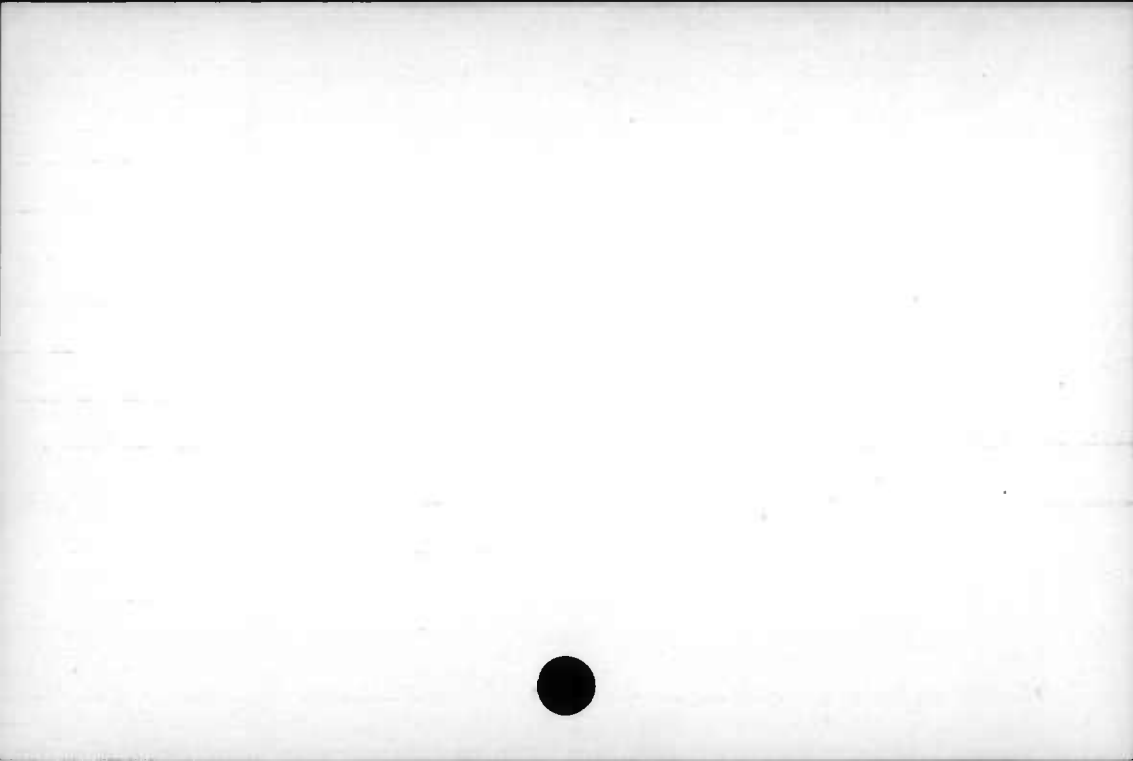
Name in Full		Mary A Fooks				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		Sex		Color or Race		Birth-place		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
		CAUSES OF DEATH						
		Primary		How long				
Immediate		How long						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address				
Accident or Suicide?								



Name in Full		Sallie Gale				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died	Town Pocomoke City		County Worcester		MARYLAND	
	Date of death 190	5	Month Feb	Day 7	Years 35	Months	Days
	Sex	Female		Color or Race	colored		Birth-place Worcester Co
	Married, Single or Widowed	Married		Occupation domestic			
	Name of Wife or Husband	Israel Gale					
	Father's Name	Isaac Bayne				Father's Birthplace	" "
	Mother's Maiden Name	Charlotte Williams				Mother's Birthplace	" "
Name of person giving information	Jno Gale				How related to deceased	Husband's Bro	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Placenta Previa 135				How long	
	Immediate	Hemorrhage Uterine				How long	30 minutes
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Sam'l L Quinn	
					Address	Pocomoke City, Md	
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Whaleyville</i>		Town <i>Whaleyville</i>		County <i>Worcester</i>
	Date of death 1905		Month <i>Feb</i>	Day <i>19</i>	Years <i>68</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>
	Married, Single or Widowed <i>Widow</i>		Occupation <i>House work</i>		
	Name of Wife or Husband <i>Edward Harrison</i>				
	Father's Name <i>Benjamin Brittingham</i>			Father's Birthplace <i>Maryland</i>	
	Mother's Maiden Name <i>Jessie Dennis</i>			Mother's Birthplace <i>Mo</i>	
	Name of person giving information <i>Painter Watson</i>			How related to deceased <i>None</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Consumption</i>			How long	
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>R. P. Bellin</i>	
				Address <i>Oriskany</i>	
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

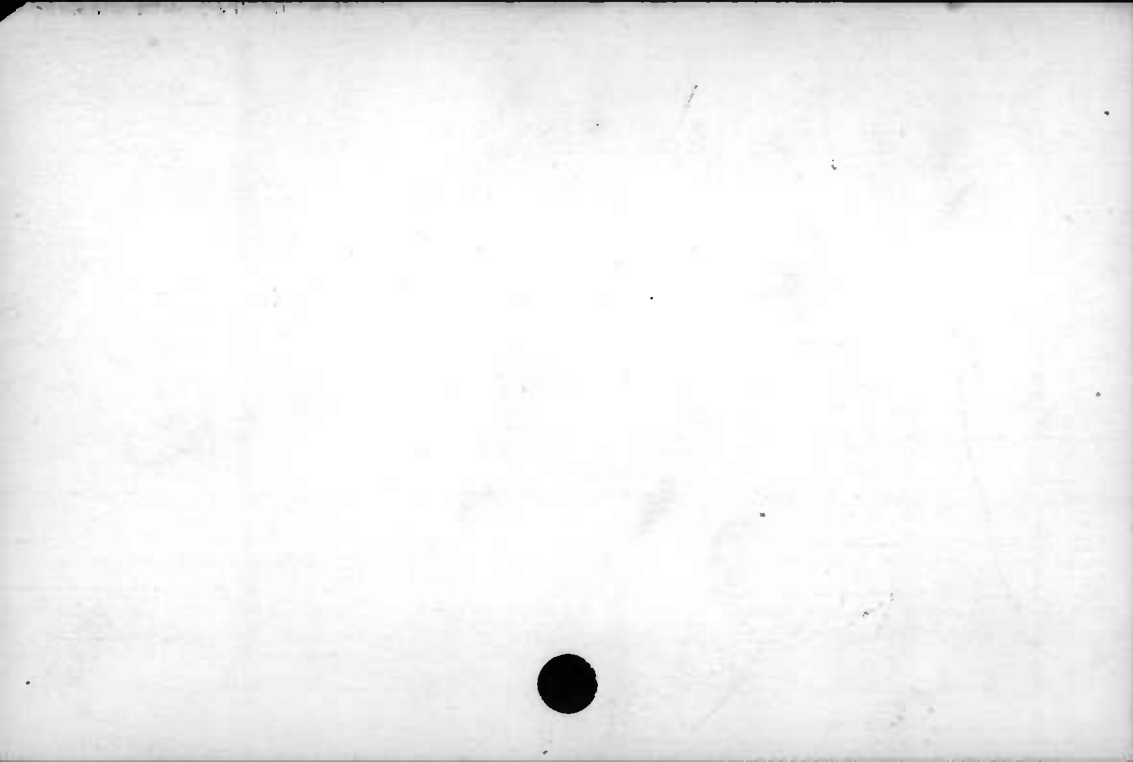
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cedarblow</i>		Town <i>avocaster</i>		County		MARYLAND	
Date of death	190 <i>2</i>	Month	<i>Feb.</i>	Day	19	Age	<i>33</i>
Sex	<i>male</i>	Color or Race	<i>W hito</i>	Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	



Name

in

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bullee</i>		Town		<i>Wor</i>		County	
Date of death <i>1908</i>		Month <i>2</i>		Day <i>23</i>		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ind.</i>		Months <i>—</i>	
Occupation <i>Shoe Maker</i>		Where Residing If not at place of death <i>Ind.</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Birthplace <i>Ind.</i>		Mother's Birthplace <i>Ind.</i>	
Father's Name <i>Mathew Herman</i>		Mother's Maiden Name <i>Sally Shorrell</i>		Name of person giving information <i>Mo H Herman</i>		How related to deceased <i>Brother</i>	

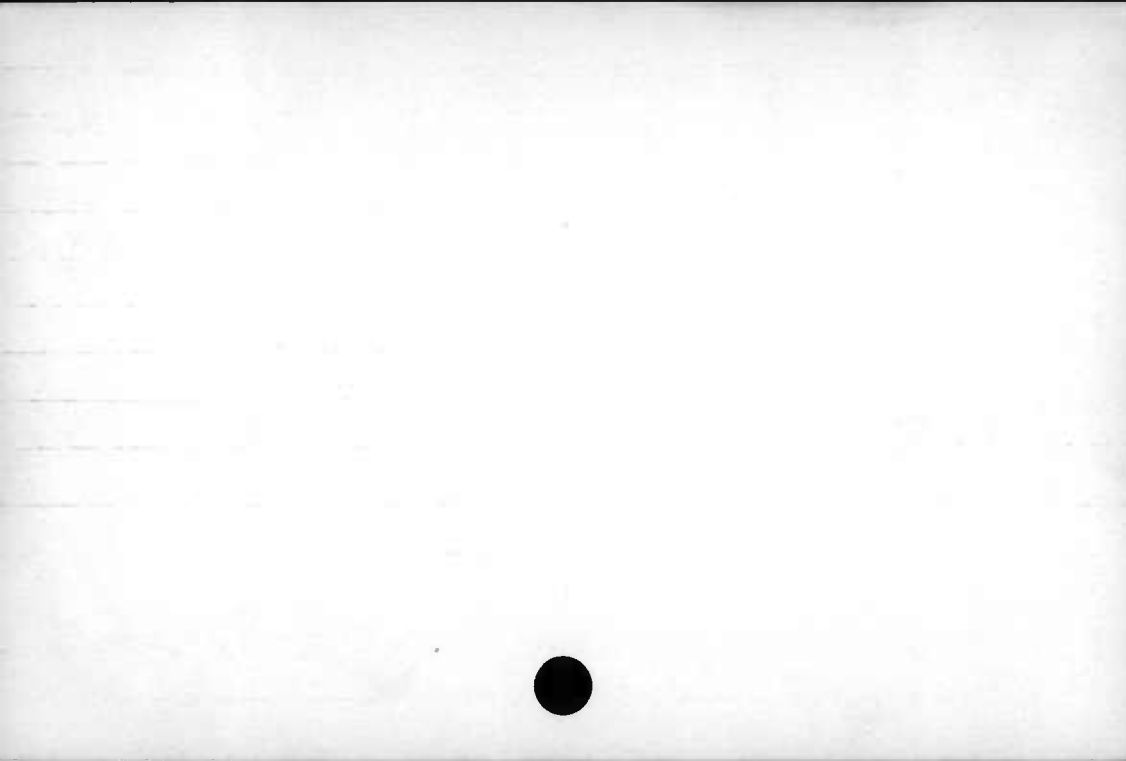
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatic heart</i>	How long	<i>1 Week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Mo M Pitts MD</i>	
		Address <i>Bullee Ind</i>	
Accident or Suicide?			



Name in Full		John Henry Hudson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Bishop</i>		Town <i>Worcester</i>		County	
		Date of death 190 <i>5</i>		Month <i>Feb</i>		Day <i>27</i>	
		Age <i>60</i>		Years		Months	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Del</i>	
		Married, Single or Widowed <i>Widower</i>		Occupation <i>Harmon</i>			
		Name of Wife or Husband					
		Father's Name <i>Joshua Hudson</i>				Father's Birthplace <i>Del</i>	
		Mother's Maiden Name <i>Lettie Long</i>				Mother's Birthplace <i>Del</i>	
Name of person giving in formation <i>Eliza Law</i>				How related to deceased <i>son</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i>				How long <i>one week</i>	
		Immediate <i>No</i>				How long <i>one week</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician	
		Address					
		Accident or Suicide?				<i>Dr. Bayne Bishopville Md</i>	



Name
in
Full

Edward Johnson 5-2-VI

CERTIFICATE OF DEATH

Died at		Mar ^{Town} Berlin		Worcester ^{County}		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1905	2	19	—	6		
Sex	male		Color or Race	Red		Birth-place	Phila
Occupation			Where Residing if not at place of death				

Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Dora Johnson		Father's Birthplace
Mother's Maiden Name	Margaret Johnson		Mother's Birthplace
Name of person giving information	Lambert - Sturges		How related to deceased
			None

CAUSES OF DEATH

Primary	Croup	How long	2 m
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Had none

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

George J. Henley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Berlin* ^{Town}*Wor.* ^{County}

MARYLAND

Date
of death *1905* ^{Month} *2*Day
*24*Age *90* ^{Years}Months
*3*Days
*16*Sex *Male*Color or
Race *White*Birth-
placeOccupation
*no business*Where Residing if not
at place of death*Balto.*~~Married~~, SingleName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary *Paralysis*How long *3 weeks.*

Immediate

How long

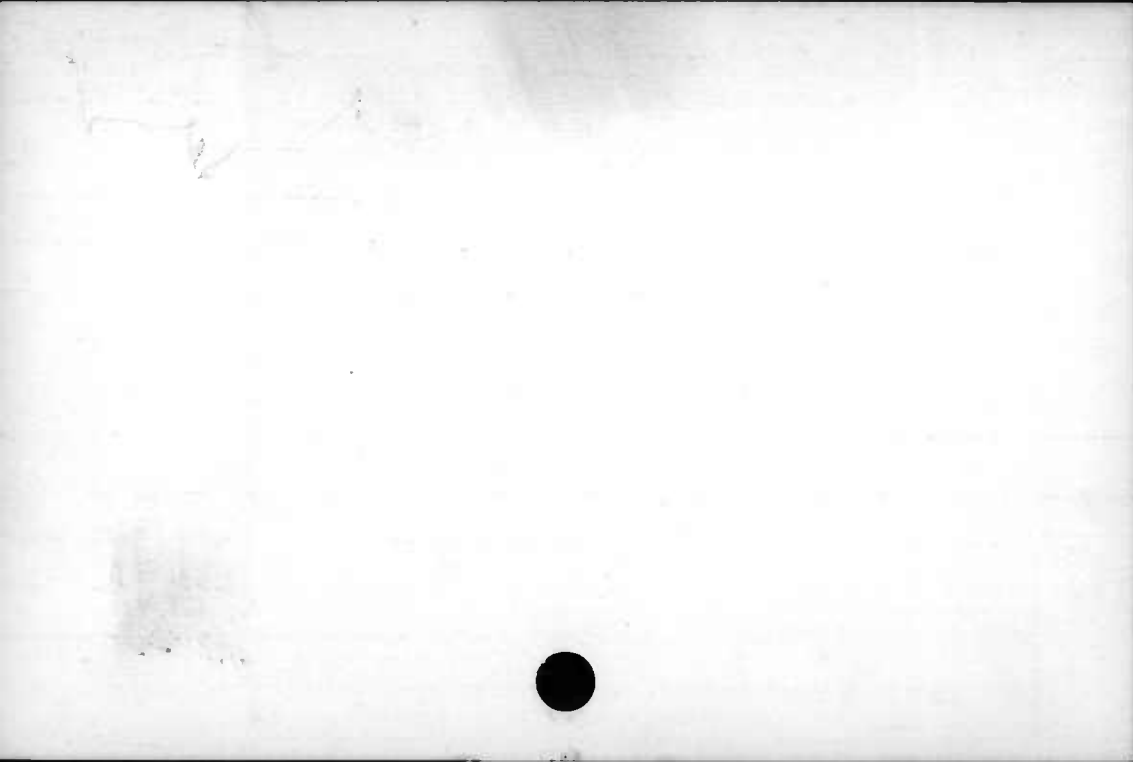
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Edwin J. Duckworth
Berlin Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mrs. Nancy Lantz for J

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pocomoke City*

County

*Worcester*Date
of death *1905*

Month

2

Day

16

Years

72

Age

Months

6

Days

10

Sex

Color or
Race*White*Birth-
place*Worcester Co*

Occupation

Where Residing if not
at place of death*Pocomoke City*Married, Single
or Widowed*Widowed*Name of Wife or
HusbandFather's
Name*Obert Walker*Father's
Birthplace*Hulkmar*Mother's
Maiden Name*L. G. Walker*Mother's
BirthplaceName of person giving
information*L. J. Lantz for J*How related
to deceased*son*

CAUSES OF DEATH

Primary

Consumption

How long

Immediate

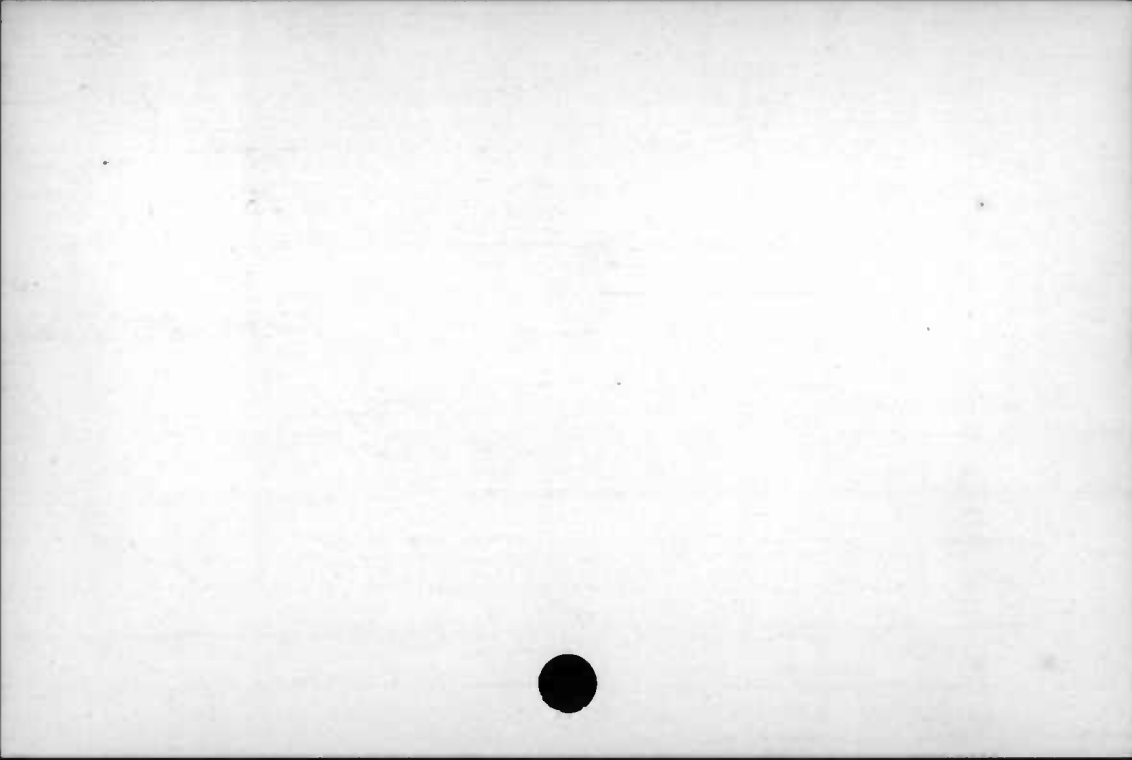
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

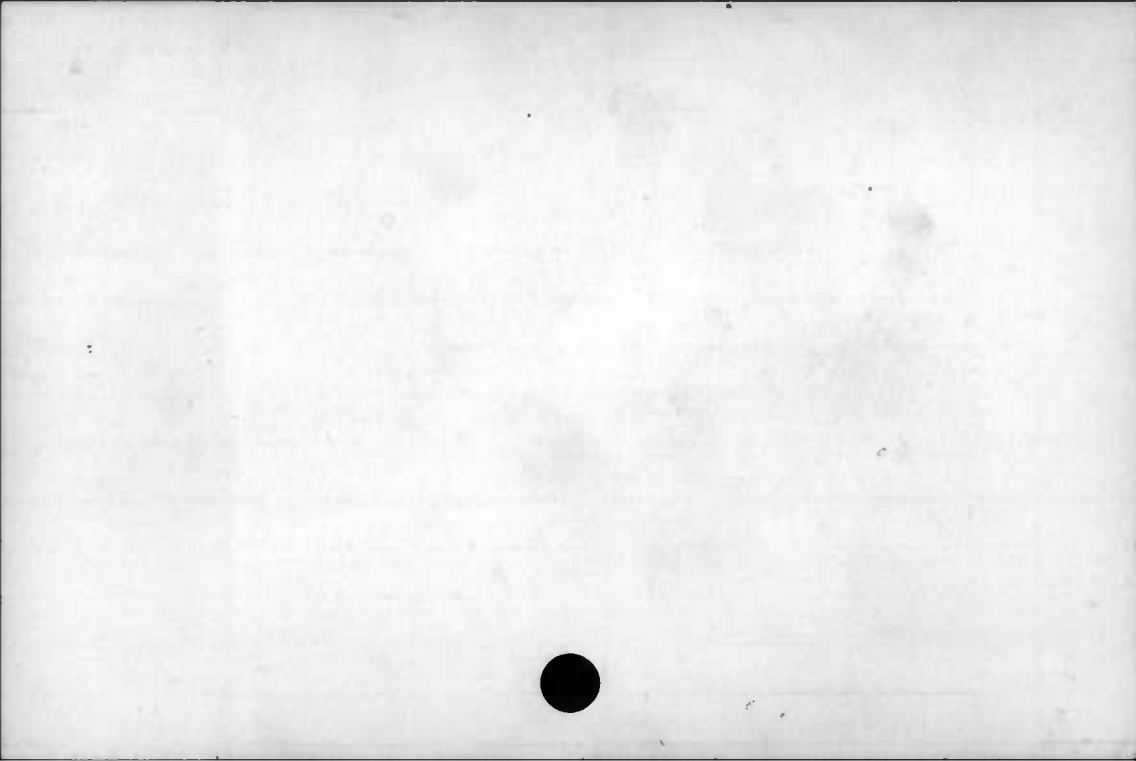
Address

*L. J. O. Tamm -
Pocomoke City
Maryland*

Accident or Suicide?



Name in Full		Bennet Mason				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Pocomoke</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND		
	Date of death 1905	<i>Feb</i> <small>Month</small>	<i>1st</i> <small>Day</small>	Age <i>82</i> <small>Years</small>	<i>2</i> <small>Months</small>	<small>Days</small>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place			
	Married, Single Widowed		Occupation <i>Brick mason & Farmer</i>				
	Name of Wife or Husband <i>Elizabeth Davis</i>						
	Father's Name <i>Unknown to family</i>				Father's Birthplace <i>Modestown Va</i>		
	Mother's Maiden Name <i>Unknown to family</i>				Mother's Birthplace		
Name of person giving information <i>Mrs Lennie Clogg</i>				How related to deceased <i>Daughter</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pleurisy</i>		<i>94</i>		How long <i>about 6 days</i>		
	Immediate <i>Heart weakness or Exhaustion</i>				How long <i>about 5 "</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Grace J Costen</i>		Address <i>Pocomoke Bk Maryland</i>		
	<i>yes.</i>		Address				
Accident or Suicide?							



Name
in
Full

Makala Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Newark* ^{Town}*Wor.* ^{County}Date
of death *1905*Month *2*Day *21*Age *50* ^{Years}Months *4*

Days

Sex *Female*Color or
Race*Colored.*Birth-
place

Occupation

*House wife*Where Residing if not
at place of death*Newark*Married, Single
or Widowed*Married*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*A P Bowen*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Paralysis

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*C M Dumas M.D.*

Address

Bethesda Md.

Accident or Suicide?

PHYSICIAN
OR CORONER*Yes.*



Name
in
Full

Mary Purnee

CERTIFICATE OF DEATH

Died ^{Town} near Pocomoke city^{County} Worcester

MARYLAND

Date
of death 1905

Month

Feb

Day

6

Years

Age 51

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Worcester co

Married, Single
or Widowed

Married

Occupation

Domestic

Name of Wife or
Husband

Munna Purnee

Father's
Name

Jas Bailey

Father's
Birthplace

" "

Mother's
Maiden Name

Eliza Traylor

Mother's
Birthplace

" "

Name of person giving
information

Munna Purnee

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Valvular heart

How long

1 yr

Immediate

Dropsy & exhaustion

How long

4 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

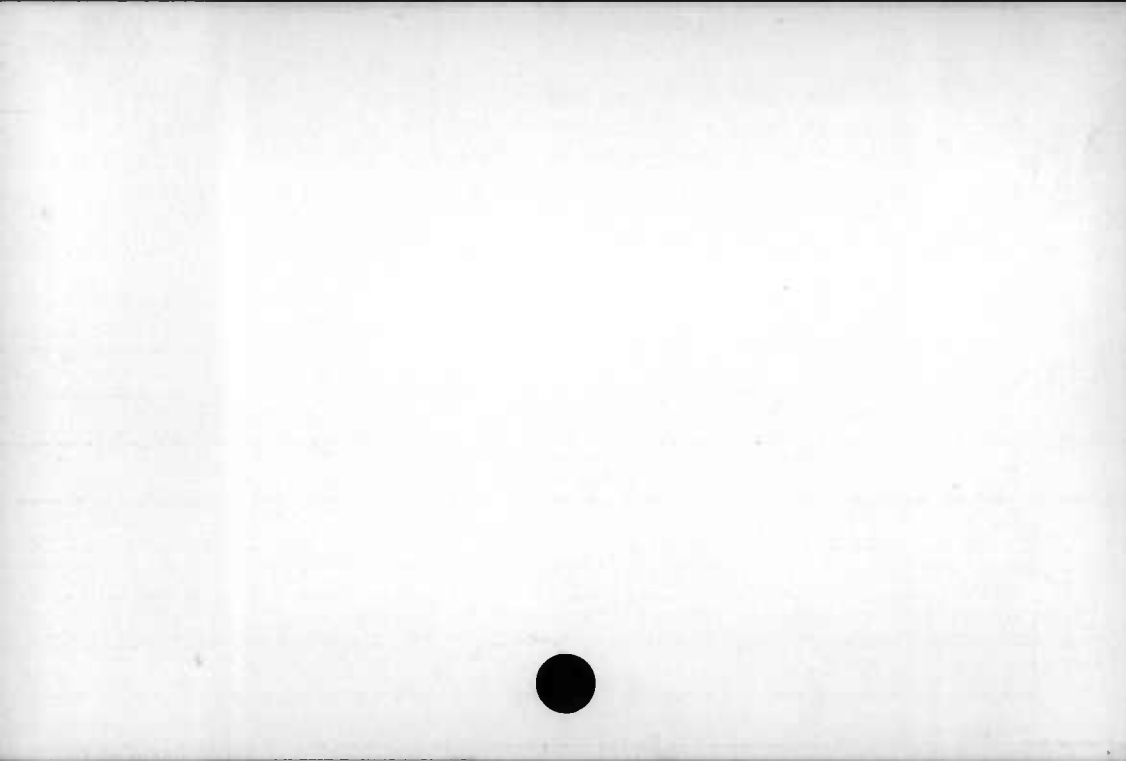
Samuel L. Purnee

Address

Pocomoke city Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Died at		Town <i>Home Godmill</i>		County <i>Morristown</i>		MARYLAND	
Date 19		Month <i>06</i>	Day <i>2</i>	Year <i>8</i>	Age <i>0 0 1</i>	Native of <i>md</i>	Occupation
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of		<i>Infant</i>		Mother's		Divorced	
Wife		<i>Amerson Purnell</i>		Maiden Name		<i>Hand F Beckett</i>	
Cause of		Primary		How long sick			
Death		Immediate		<i>Born Dead S.</i>		Accident, Suicide, Homicide	
Reported by		<i>Midwife</i>		<i>Storah Purnell</i>			
Address		<i>Midwife</i>		<i>Key Grange</i>		<i>md</i>	
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							



Name in Full		Harriet Rogers				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died ^{Town} near Pocomoke City		^{County} Worcester		MARYLAND			
	Date of death	1905	Month	Feb.	Day	27	Age	about 80
	Sex	Female		Color or Race	negro		Birth-place	Worcester Co Md
	Occupation	Housewife			Where Residing if not at place of death			
	Married Single or Widowed			Name of Wife or Husband				
	Father's Name			Arthur Carseley		Father's Birthplace		
	Mother's Maiden Name			Lovey Lambden		Mother's Birthplace		
Name of person giving Information			Samuel B Carseley		How related to deceased			
			CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		Heart disease			How long		Three months
	Immediate		Dropsy & heart failure			How long		Two weeks
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician		J J Leoster
						Address		Pocomoke City Md
	Accident or Suicide?							



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Wholeyville* ^{Town} *Worcester* ^{County}
 Date of death *1901* ^{Month} *2* ^{Day} *9* ^{Age} *—* ^{Years} *—* ^{Months} *5* ^{Days} *—*
 Sex *Male* Color or Race *White* Birth-place *Worcester*
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*
 Father's Name *Henry L.* Father's Birthplace *Ind*
 Mother's Maiden Name *Lettie Long* Mother's Birthplace *Ind*
 Name of person giving information *J E Whinn* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* *✓ 93* How long *—*
 Immediate *—* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. A. C. Lyndall*
 Address *Wholeyville*
 Accident or Suicide? *No*



Name

in
Full

CERTIFICATE OF DEATH

Catherine Lunsford

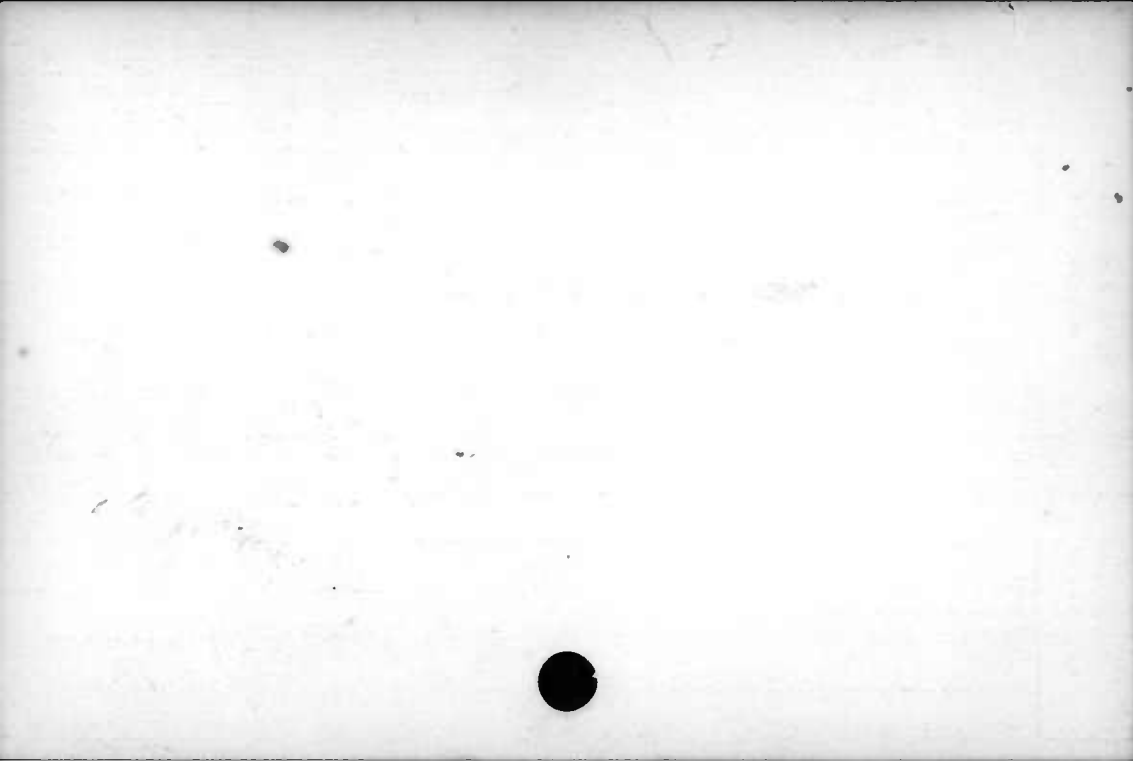
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Newark</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>Feb</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>56</i> <small>Years</small>	<i>00</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Snow Hill Md</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, <i>—</i> <small>Widowed</small>			Name of Wife or Husband <i>Frederic</i>		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>64</i>
Immediate <i>Heart failure</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. Dickinson</i>
	Address <i>Berlin Md.</i>
Accident or Suicide?	



Name in Full June E. B. Townsend		CERTIFICATE OF DEATH	
Died at North Chapple ^{Town}		County Worcester	
Date of death 1905 Feb 5 ^{Month Day}		Age 65 ^{Years} Months 11 Days 23	
Sex Female		Color or Race colored	
Occupation house wife		Birth-place North Chapple	
Married, Single or Widowed married		Where Residing if not at place of death North Chapple	
Father's Name Harmona Duffields		Father's Birthplace md	
Mother's Maiden Name Charlotte Duffields		Mother's Birthplace md	
Name of person giving information Sam Croston		How related to deceased none	
CAUSES OF DEATH			
Primary Bronchitis		How long 90	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm S. Williams	
Worcester		Address Worcester	
Accident or Suicide? no		Springfield	



Name
in
Full

Effie Traylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke		County Wicomico		MARYLAND	
Date of death		Month 5	Day 2	Years 16	Age 30		Months Days
Sex Female		Color or Race White		Birth-place Pocomoke			
Occupation Housewife				Where Residing if not at place of death			
Married, Yes		Name of Wife or Husband Amos Traylor					
Father's Name Wm C. Richardson				Father's Birthplace Md			
Mother's Maiden Name Mary A Curtis				Mother's Birthplace Md			
Name of person giving information Gen. Richardson				How related to deceased Bottle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septic Fever & Diphtheria		How long	10 days
Immediate	Exhaustion		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H W Willis		
		Address Pocomoke		
Accident or Suicide?				



Name
in
Full

George W Crandall Sr
Town
Bridgetown
County
Worcester

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1905

Month

Feb

Day

12

Age

Years

26

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Married, Single
or Widowed

Widower

Occupation

Carpenter

Name of Wife or
Husband

Harry A Collins

Father's
Name

George Crandall

Father's
Birthplace

Maryland

Mother's
Maiden Name

Patty Mcneal

Mother's
Birthplace

Maryland

Name of person giving
In formation

Calder L McCabe

How related
to deceased

brother

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

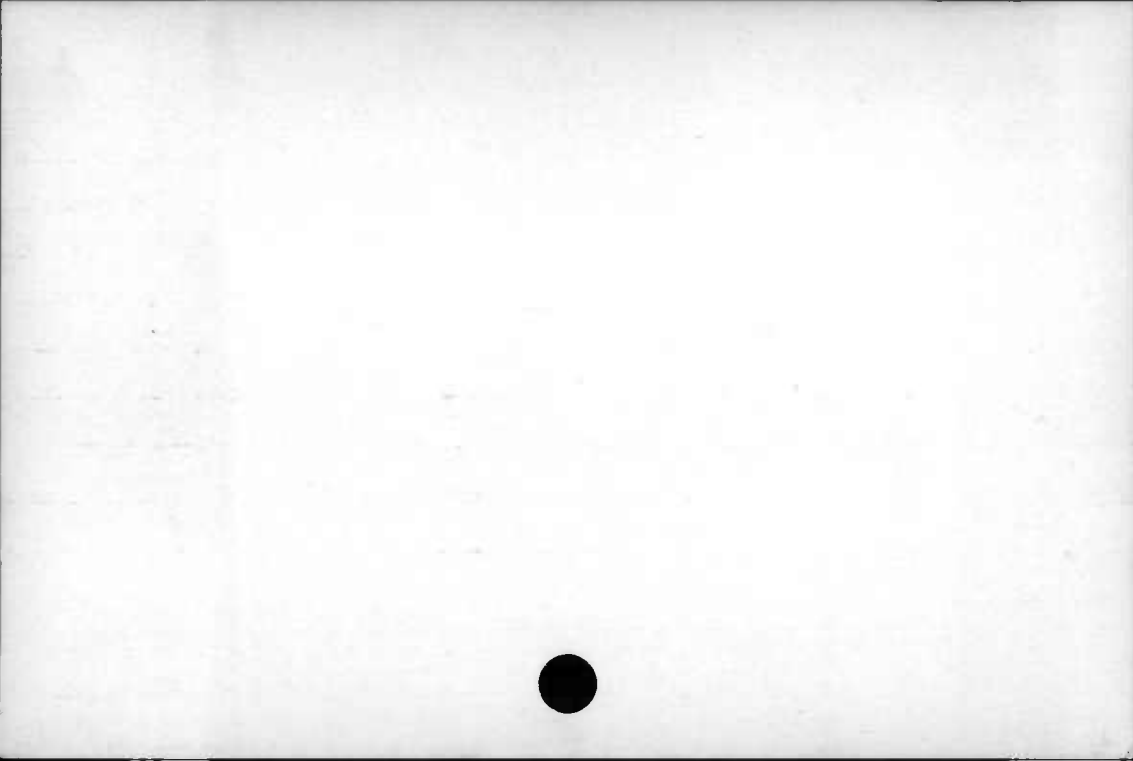
Address

H. A. Collins
Bridgetown
Md.

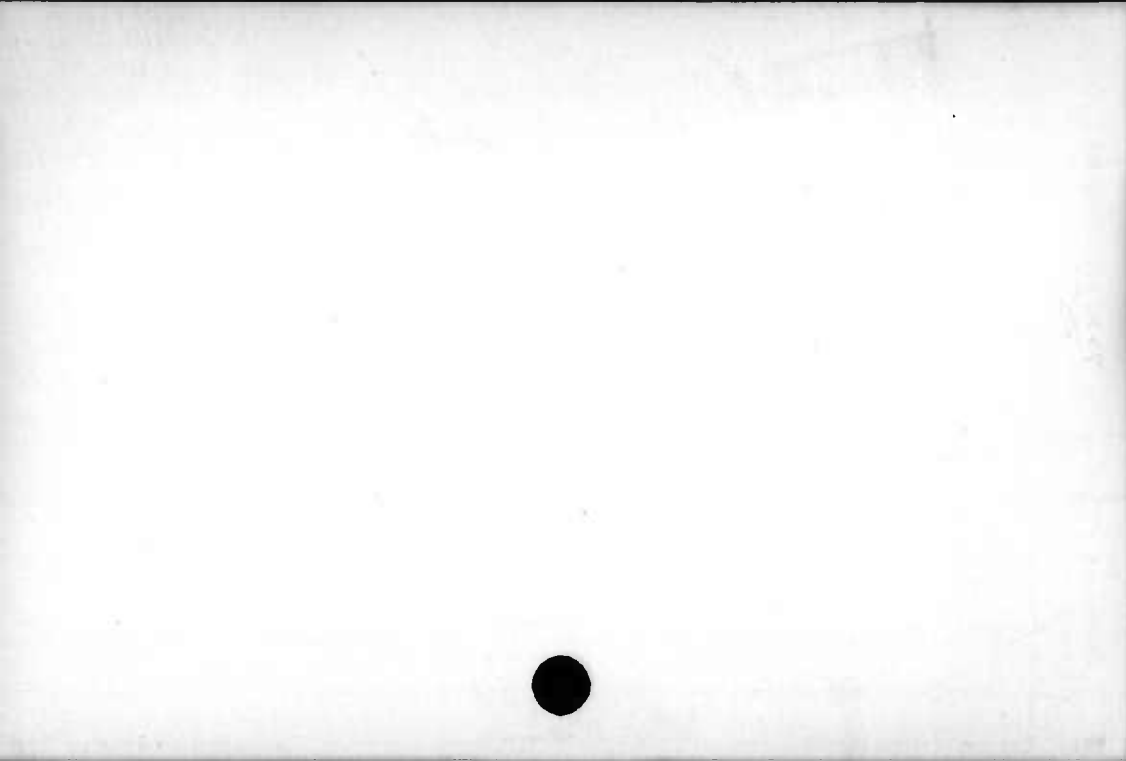
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full Carson Ray Ward		CERTIFICATE OF DEATH	
Died at Pear Pocomoke <small>Town</small>		Worcester <small>County</small>	
Date of death 1905 Feb 21 <small>Month Day</small>		Age 22 <small>Years</small>	
Sex Male		Color or Race White	
Occupation Farmer		Birth-place Accomack Va	
Where Residing if not at place of death		at place of death	
Married Single or Widowed		Name of Wife or Husband	
Father's Name James N Ward		Father's Birthplace Accomack Va	
Mother's Maiden Name Sarah A Bundie		Mother's Birthplace Accomack Va	
Name of person giving Information Ferdinand Ward		How related to deceased Brother	
CAUSES OF DEATH			
Primary Typhoid Fever		How long two weeks	
Immediate Hemorrhage from bowels		How long one day	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician F J Cooster	
		Address Pocomoke Bight Md	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Mary Washington*

Town

County

*Symphoricar**Worcester*Date of death *1905 Feb*

Month

Day

Age

Years

Months

Days

Sex *Female*Color or Race *Black*Birth-place *Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
HusbandFather's Name *Charles Hammond*Father's Birthplace *Maryland*Mother's Maiden Name *Jessie A. Hammond*Mother's Birthplace *Maryland*Name of person giving
information *Henry Trumble Jr*How related
to deceased *Father's son*

CAUSES OF DEATH

Primary *Brondulio & Abscess*How long *3 or 4 weeks*Immediate *Cerebral Embolism*

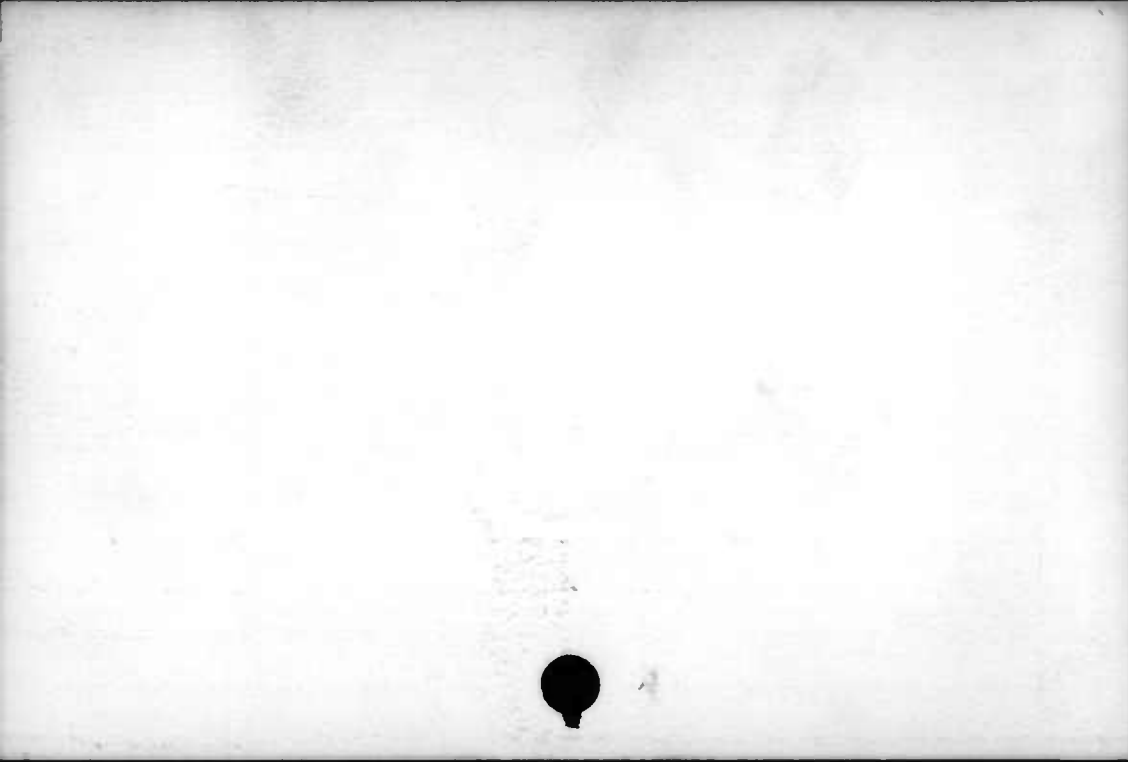
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Ebe Holland
Berlin
Ind

Accident or Suicide?



Name
in
Full

Benjamin - Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Berlin* TownCounty *Worcester*

MARYLAND

Date of death 1905 7-2

Month

Day

Age 8- Years

Months

Days

Sex *Male*Color or
Race*Black*Birth-
place*Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name*Lizzie Williams*Mother's
Birthplace*Maryland*Name of person giving
information*Jacob Briddell*How related
to deceased*none*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*W. L. Matterdane*

Address

*W. J. Evans & son*

Accident or Suicide?

